

IDAHO STATEWIDE INTEROPERABILITY EXECUTIVE COUNCIL

2008 TRAVEL EXPENSE VOUCHER

PCA
GRANT

70008
PHASE 6

PAY TO AGENCY: _____
OR
PAY TO EMPLOYEE: _____

SOCIAL SECURITY NUMBER: _____

ADDRESS: _____

PURPOSE OF TRAVEL: _____

CITY/COUNTY LICENSE# _____ OR PRIVATE LICENSE# _____
(IF CLAIMING MILEAGE) (IF CLAIMING MILEAGE)

DATE(S)	DESTINATION		DEPART TIME	RETURN TIME	MEALS
	FROM	TO			

	Total Miles Traveled (If claiming mileage)	TOTAL	COMMENTS
Mileage (.505/Mile)		\$0.00	
*Air Fare		\$0.00	
*Lodging		\$0.00	
*Rental Car		\$0.00	
*Parking or Other Expns		\$0.00	
Total Meals		\$0.00	
Total		\$0.00	* PLEASE ATTACH RECEIPTS

TRAVEL TIMES AND MEAL ALLOWANCES WITHIN IDAHO		
Daily Per Diem Reimbursement: \$30.00 day		
Partial Day Per Diem Reimbursement:		
Meal	Max Rate	Times
Brkfst	\$7.50	Depart 7:00 a.m.; Return 8:00 a.m.
Lunch	\$10.50	Depart 11:00 a.m.; Return 2:00 p.m.
Dinner	\$16.50	Depart 5:00 p.m.; Return 7:00 p.m.

I hereby certify that the above account is correct and just, that the services were actually rendered and that I have not received payment therefore.

Council Member's Signature: _____

Date: _____

Approved By: _____

Date: _____

Return this form with supporting documentation to:

Dodie Collier FAX (208) 422 6418 or mail to Idaho SIEC C/O Idaho Military Division, 4040 Guard St, Boise ID 83705